

State RHODE ISLANDCONDITIONS UNDER WHICH PAYMENT IS MADE TO RESERVE A BED**OFFICIAL**

The Rhode Island Medical Assistance Program will recognize payment for reserve bed days in Intermediate Care Facilities for the Mentally Retarded as provided for in Section 42 CFR 447.40. Reserved bed days will be considered for the temporary absence of an ICF-MR resident in the following instances.

1. Hospitalization.
2. An overnight visit with family as a part of an individual treatment plan.
3. Participation in resident camp and other overnight recreational activities as a part of an individual treatment plan.

This policy is being implemented in order to facilitate compliance with the provisions of Section 42 CFR 442.414 which require ICF-MR's to encourage frequent and informal home visits by ICF-MR residents and have rules which will make it easy to arrange home visits. Additionally, this provision is being made in order to minimize the physical and emotional stress when residents are required to leave Intermediate Care Facilities for the Mentally Retarded for the purpose of obtaining acute hospital care and to allow residents to participate in overnight family home visits and other recreational activities related to the individual treatment plan.

All temporary absences except for hospitalizations from the Intermediate Care Facility for the Mentally Retarded must be documented in the individual treatment plan. The individual treatment plan must provide for the temporary absence from the facility and the reason for the absence. In cases of hospi-

talization, in order for the facility to assign reserve bed days, the attending physician must document in the medical record that the resident should be able to return to the ICF-MR upon discharge from the hospital.

The Medical Assistance Program will only recognize reserve bed days for each individual that are reasonable in number. For example, it is anticipated that resident camp experiences will be for a period of one or two weeks and that visits with family will be normally for weekends and holidays. The number of reserve bed days assigned should be at a level as to reflect the fact that the primary place of residence is the Intermediate Care Facility for the Mentally Retarded and not the family residence.

On a monthly basis, the facility must submit a copy of the attached Reserved Bed Days Reporting Form to the Department of Social and Rehabilitative Services, NIC Unit, 600 New London Avenue, Cranston, Rhode Island 02920.

Every reserved bed day properly assigned by an Intermediate Care Facility for the Mentally Retarded and recognized for payment by the Rhode Island Medical Assistance Program will count as an occupied bed day for the purposes of reimbursement for Intermediate Care Facility services.

# OFFICIAL

RESERVED BED DAYS REPORTING FORM

Facility\_\_\_\_\_

Month \_\_\_\_\_

Year \_\_\_\_\_

**Resident  
Name**

Medical Assistance  
Case Number

Dates of Reserved  
Bed Days

Number of Reserved  
Bed Days

Reason for Absence  
From Facility